



OCCUPATIONAL TAX APPLICATION

BUSINESS NAME _____

DBA _____ BUSINESS PHONE _____

BUSINESS LOCATION _____

(MUST BE A PHYSICAL LOCATION – NO POST OFFICE BOX)

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

DATE OPENING AT THE BUSINESS LOCATION: _____

APPLICATION FOR: HOME OFFICE _____ HOME BUSINESS _____ COMMERCIAL LOCATION _____

FOR COMMERCIAL LOCATION, AN INSPECTION IS REQUIRED BY CODE ENFORCEMENT

WILL YOU CONDUCT BUSINESS AT MORE THAN ONE FIXED LOCATION ___ NO ___ YES

DESCRIBE BUSINESS ACTIVITY _____

TYPE OF OWNERSHIP: SOLE OWNERSHIP ___ PARTNERSHIP ___ CORPORATION CC SC PC LLC

BELOW PROVIDE THE NAME, ADDRESS, AND DAYTIME AREA CODE AND TELEPHONE NUMBERS OF THE OWNER, OR IF A PARTNERSHIP, THEN LIST ALL PARTNERS.

IF BUSINESS IS A CORPORATION, THEN LIST THE REGISTERED AGENT AND OFFICE ADDRESS, FOLLOWED BY THE NAME AND ADDRESS OF THE PRESIDENT.

STATE LICENSE: _____
(INCLUDE COPY) NAME ON LICENSE LICENSE NUMBER EXPIRATION DATE

GA SALES TAX # _____ FEDERAL EIN# _____
(Or SSN#)

ON AVERAGE FULL TIME EMPLOYEES (INCLUDE OWNER) _____ PART TIME EMPLOYEES _____

DOES THIS OCCUPATION REQUIRE YOU TO OBTAIN A HEALTH PERMIT / FOOD SERVICE PERMIT?
_____ YES _____ NO *IF YES A COPY OF THE HEALTH FOOD PERMIT FROM ENVIRONMENTAL
HEALTH SPECIALIST IS REQUIRED.

I hereby make application for an occupation tax license to conduct the above-described business in The City of Statham. I understand that prior to issuance of said license, all applicable City Ordinances must be met and all fees must be paid in full. I, _____, do solemnly swear that the information in this application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT TITLE DATE

This application is approved / disapproved on the _____ day of _____, 20_____.

CODE ENFORCEMENT DIRECTOR / BUILDING OFFICIAL

OCCUPATIONAL TAX FEES

ADMINISTRATIVE FEE	1-10 EMPLOYEES	11 & OVER EMPLOYEES
\$30.00	+ \$25.00 PER EMPLOYEE	+ \$10.00 PER EMPLOYEE

OWNER AND ANY FAMILY MEMEBERS WORKING FOR THE BUSINESS WHETHER PAID OR NOT SHOULD BE INLCUED. PER O.C.G.A. SECTION 43-13-10

Use Option A -or- Option B to help you figure the correct amount:

Option A:

1-10 Employees (If you employ 10 or less)

of Employees: _____

X \$25 = \$ _____ (+) \$30.00 Admin Fee = \$ Total

If you have a Regulatory Business add that fee to your total above

Option B:

11 or more Employees (If you employ 11 or more)

of Employees: _____

X \$10 = \$ _____ (+) \$30.00 Admin Fee = \$ Total

If you have a Regulatory Business add that fee to your total above